

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. 01/659 500
APPLICANT(S) _____

FILING DATE 9-11-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	5					
TOTAL DEP.	22					
TOTAL CLAIMS	27					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						

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